

Delaware Medicare Assistance Bureau Can Help You Choose Drug Plans

Medicare Part D Open Enrollment Ends December 7

Dover, DE – Insurance Commissioner Karen Weldin Stewart reminds Delawareans that Medicare's annual open enrollment period continues until December 7. If you're a Medicare recipient, now is the time to review the options for 2017 Part D prescription drug plans. Medicare recipients can also switch their Medicare Advantage plans during the open enrollment period, or they can return to Original Medicare if they are no longer satisfied with their Medicare Advantage plan. Plans change each year, so even if a plan worked well for an individual in 2016, it doesn't mean that it will be the most cost-effective plan for 2017. Luckily, the Delaware Medicare Assistance Bureau (DMAB) exists to assist Delaware's Medicare recipients with their questions related to Medicare, Medicare Advantage and prescription drug plans.

According to the Kaiser Family Foundation (KFF), only about 10 percent of Medicare recipients switch Medicare Advantage plans each year and approximately 13 percent change their Part D plans. The KFF found that the [average Medicare Advantage enrollee](#) saved \$190 annually on their premiums and lowered their out-of-pocket expenses by about \$400 when they switched plans during the 2014 open enrollment period, the most recent data available.

Just as with any insurance policy, consumers should consider more than premiums alone when making a decision about a drug plan or Medicare Advantage policy. It may be short sighted to select a plan based on the lowest premium alone; it's especially important to consider the plan's deductible, co-

pays and co-insurance. By now, Medicare recipients with a Part D plan should have received an Annual Notice of Change from their insurer. This document will list upcoming changes to your existing coverage, such as the cost of premiums and co-pays, and show a comparison of the plan between this year and next.

It is common for Medicare Part D plans to change their formularies and the rules under which they are covered from year to year. A formulary is the list of medications that a plan covers. For example, a plan might decide to limit the quantity of a medication or require a prior authorization before they will cover the drug. That likely means additional steps and paperwork are required before you can get a medication that your physician ordered. Changes in plans may require you try a less expensive alternative to the drug prescribed by your doctor. The plan might also drop coverage of a medication altogether; that's why reviewing your options each year is so important.

Most Medicare Advantage plans include prescription drug coverage, which should be checked in the same way that you would review a stand-alone drug plan. Medicare Advantage plans also can make changes to the list of healthcare providers considered in-network at any time of the year. The annual enrollment period provides the opportunity for enrollees to review the list of included providers, to make sure they will continue to meet your needs.

DMAB's staff and trained volunteers are available to meet with Medicare recipients at various locations throughout each county to review residents' current prescriptions and options in-person. Please call 1-800-336-9500 to make an appointment to review your drug plan options; don't wait until the final week to call. If you have an appointment for a drug plan review be sure to bring a complete list of the medications (and all of the specific details about the drugs, such as dosage and how often you take them)

If you're satisfied that your current coverage will continue to meet your needs for next year, you don't need to do anything. For more information about the Delaware Medicare Assistance Bureau and the services it provides, visit www.delawareinsurance.gov/DMAB or call 1-800-336-9500. DMAB is a free public service of the Delaware Department of Insurance that provides unbiased Medicare counseling to Medicare recipients of all ages.

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